

CHILDREN'S HAVEN OF SOUTHWEST MISSOURI
APPLICATION FOR EMPLOYMENT

<p>DIRECTIONS: Please complete all pages of this application. Print legibly, sign, date and return to the address shown to the right.</p>	<p>RETURN ADDRESS: Children's Haven of Southwest Missouri 711 S. Picher Avenue Joplin, Missouri 64801</p>
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CONTACT INFORMATION				
Name: _____				
Last	First	Middle	(Maiden)	
Current Address: _____				
Street Address		City	State	Zip
Permanent: _____				
Street Address		City	State	Zip
Telephone #:				_____
Telephone #:				_____
In Case of Emergency _____				
Name		Phone		
Do you have a valid driver's license : YES NO				
Do you have current/valid auto insurance: YES NO				

EDUCATION					
SCHOOL	Name, City, State	Dates	# Years	Diploma or Degree	Major
High School					
College/Univ					
College/Univ					
College/Univ					

SPECIALIZATION

SPECIAL TRAINING OR COURSES:

PROFESSIONAL/TECHNICAL LICENSURE, REGISTRATION, OR CERTIFICATION

CURRENT/ELIGIBLE	TYPE	STATE(S)	NUMBER	EXP. DATE

Has your license, registration, or certification ever been revoked, suspended, or restricted in any way? If yes, please explain. _____



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AVAILABILITY

List your first preference for employment status:	Full-time ____	Part-time ____	Temporary ____
What status would you be willing to accept:	Full-time ____	Part-time ____	Temporary ____
Which of the following are you willing to work:	Days ____	Overnights ____	Holiday ____
	Evenings ____	Overtime ____	Weekends ____

How soon are you available? _____

Please summarize any additional qualifications or information that you feel would be helpful to us:

Why are you interested in Children's Haven?

Please list any relative, friend or acquaintance that has been involved with Children's Haven:

1. _____ 2. _____
3. _____ 4. _____

Please list any other names which you have gone by: _____

Are you 21 years of age or older? YES NO If No, please give date of birth: _____

Are you able to lift 10 – 25 pounds frequently? YES NO

Are you able to lift 50 pounds occasionally? YES NO

Are you a veteran claiming reemployment rights YES NO

Do handicapping disabilities prevent you from performing the duties assigned with this position?
YES NO If yes, please explain: _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Are you listed on the DSS Employees' Disqualification List? YES NO If yes, please explain: _____

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PREVIOUS WORK EXPERIENCE

1. _____
Name of Business or Company Address City State Zip

Job Title Supervisor Phone Number Date Started Date Left

Pay Range Reason for Leaving

DUTIES: _____

2. _____
Name of Business or Company Address City State Zip

Job Title Supervisor Phone Number Date Started Date Left

Pay Range Reason for Leaving

DUTIES: _____

3. _____
Name of Business or Company Address City State Zip

Job Title Supervisor Phone Number Date Started Date Left

Pay Range Reason for Leaving

DUTIES: _____

4. _____
Name of Business or Company Address City State Zip

Job Title Supervisor Phone Number Date Started Date Left

Pay Range Reason for Leaving

DUTIES: _____

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PERSONAL REFERENCES

Name: _____
Address: _____
Relationship _____

Phone: _____
City, State: _____
Length Known: _____

Name: _____
Address: _____
Relationship _____

Phone: _____
City, State: _____
Length Known: _____

Name: _____
Address: _____
Relationship _____

Phone: _____
City, State: _____
Length Known: _____

I attest that the answers given herein are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Children's Haven
711 S. Picher Avenue
Joplin, Missouri 64801
ph: 417.782.4453
fax: 417.782.1690
email: childrenshaven@att.net